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9/5/2008

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Medical Card Report

4MOODY HS

Student Id	Name	Gender	Grade	DOB	Status	Counselor
131995	Ramirez, John H	M	17	6/29/1984	G	0

Immunization ShotsOverall Status:

As Of:

Override: N

Shot Code	Dose	Exam	Override	Had Disease	Disease Date	Immunization Dates
DTP	6		N	N		08/29/1984, 10/24/1984, 01/17/1985, 03/06/1986, 09/05/1989, 08/06/1999
HEPB	1		N	N		08/06/1999
MMR	3		N	N		12/18/1985, 11/07/1996, 10/16/2000
OPV	5		N	N		08/29/1984, 10/24/1984, 01/17/1985, 03/06/1986, 09/05/1989

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Counselor

Locked: ☐

**Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting**

☐ Initial ☐ 3-Year Review ☒ Dismissal and/or ☐ Annual and/or ☐ Failure ☐ Discipline
☐ Transfer ☐ Review ☐ End of Year Dismissal

Student ID: 454-71-3620 Meeting Date: 5/23/02
 Student's Name: JOHN H. RAMIREZ Instructional Arrangement: 03
 Date of Birth: 02/19/84 Sex: M Resource Room: _____
 Home Campus: To Be Determined High School Speech: 0
 Current Campus: Moody High School Grade: 11
 Parent's Name: GUADALUPE ALEJANDRO
 Parent's Address: 3801 CASTILLA CT. Home Phone: (512) 854-1461
CORPUS CHRISTI, TX 78415- Work Phone: (512) 853-8891 Ext. 0000

☐ An interpreter was used to assist in conducting the meeting. If yes, specify language: _____

☐ Parent/Adult student waives the 5 school days written notice of the ARD meeting and agrees to an earlier meeting.

Parent's Signature: _____

GUADALUPE ALEJANDRO

4/27/04

I. REVIEW OF ASSESSMENT/EVALUATION DATA (check if applicable)

- ☒ Assessment/Evaluation Reports
☒ ARD Full and Individual Evaluation

Date(s) of Report(s): _____

☐ Other Assessments/Evaluations. Specify: _____

Assessment	Initial Date	Current Date	Needed	Complete By	Active
None			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

☒ Vocational Assessment

Date(s) or Report(s): 9/24/07

- ☐ Current FIE, other assessments/evaluations, and associated eligibility reports have been given to the parents.
☒ Information from the student's Individual Transition Plan (attach supplement dated: _____)
☐ Records from other school district.
☒ Information from parents/student.
☒ Information from school personnel.
☐ Information/Records from other agencies/professionals.
☒ Information from Language Proficiency Assessment Committee.
☐ Additional assessment/evaluation is needed. Refer to the Other Assessments/Evaluations table above for specific assessments/evaluations and associated timelines.

A Full and Individual Evaluation (FIE) must be completed by: 4/27/2004

☒ Yes ☐ No The IEP previously developed was reviewed.

☐ Yes ☐ No ☒ Not in Attendance Parent/Guardian agrees with all entries in Section I.

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Admission, Review and Dismissal (ARD) Meeting
JOHN H. RAMIREZ

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II. DETERMINATION OF ELIGIBILITY (check if applicable):

Based on the assessment/evaluation data reviewed, the committee has determined that the student:

- ☐ does not meet specific TEA and Federal eligibility criteria to receive special education services.
- ☒ meets specific TEA and Federal eligibility criteria to receive the following special education services for the following conditions:

Condition 1: <u>Learning Disabled</u>	Condition 4: <u>None</u>
Condition 2: <u>Other Health Impaired</u>	Condition 5: <u>None</u>
Condition 3: <u>None</u>	

Complete the following section for transfer students only:

- ☐ The parent or parents verify that the student was receiving special education services in _____, Verification from the former district ☐ by telephone reported by _____, or ☐ type of document _____ and date received _____.

The instructional arrangement and related service provided in the previous district were as follows:

Eligibility is temporary contingent upon receipt of valid assessment data or collection of new assessment data. A second ARD will be held within 30 school days to develop an IEP based on assessment data available at that time.

☐ Yes ☐ No ☒ Not in Attendance Parent/Guardian agrees with all entries in Section II.

III. COMPETENCIES: ☒ discussed below ☐ to be addressed at 30 day ARD/IEP

A. PHYSICAL, as it affects participation in:

*Instructional settings:

☒ normal vision ☐ with glasses) ☒ normal hearing ☒ good general health
and/or

*physical education

☒ Yes ☐ No Student is capable of receiving instruction in regular P.E. with no modifications. If no, see services to be provided.

Other Physical Competencies

Not Applicable

*This field was added 8/1/96. Refer to deliberation for additional competencies, if any prior to this date.

B. BEHAVIORAL, as it affects:

Educational placement/programming:

(Check the appropriate competencies)

- ☐ interacts appropriately with peers
☐ interacts appropriately with adults
☐ adjusts easily to new situations
☐ respects authority
☐ cooperative
☐ completes tasks

Other Behavior 1: Disruptive classroom behavior at times
 Other Behavior 2: Can be argumentative with authority figures
 Other Behavior 3:

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Corpus Christi Independent School District
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JOHN H. RAMIREZ

C. *Discipline:

(Check the appropriate competencies)

- ☒ Is mentally able to follow regular discipline rules
☐ Is emotionally able to follow regular discipline rules; or ☒ refer to comments below
☒ Student's behavior impedes his/her learning or that of others (If "X" complete function behavioral assessment, Behavior Intervention Plan/Behavioral IEP).
☐ able to follow classroom management plan
☐ Yes ☒ No The student is capable of following the Student Code of Conduct without modification. If NO, complete Special Discipline Procedures form.

Comments:

D. *Prevocational/Vocational (when appropriate)

- ☐ not appropriate for this student
☐ keeps work area neat
☐ has good social skills
☐ is mechanically inclined
☒ has a part-time job
☐ has good attendance
☐ follows directions
☐ is reliable
☐ cares for materials
☐ is responsible
☒ is able to work on time schedule
☐ Other 1: _____
☐ Other 2: _____

E. * Academic/Developmental, including LEP student language competencies relevant to developing the IEP (grade or age levels alone are not acceptable):

- Area 1: draws conclusions
Area 2: identify main idea
Area 3: uses capitalization
Area 4: describes setting
Area 5: Adds, subtracts, multiplies, and divides whole numbers, decimals, and fractions
Area 6: _____
Area 7: _____

F. Assistive Technology needs were considered.

- ☒ Based on informal and/or formal information, A.T. devices and services are not recommended at this time.
☐ A.T. addressed through one or more of the following: modifications, IEP goals and objectives, related services, supplementary aids and services. A.T. devices will be provided for: ☒ Current Year ☐ Next Year ☐ Both
(Note: Refer to formal A.T. screenings, FIE, and/or other formal and informal information for detailed A.T. recommendations.)

G. *Indicate content areas in which the student's disability significantly interferes with his/her ability to meet regular academic mastery levels.

- ☒ Language Arts/English
☐ Science
☐ Reading
☐ Social Studies
☐ Math
☐ Other: _____

H. Communication needs were considered. (Added 8/5/99)

- ☒ No additional communication services are recommended.
☐ Communication needs are addressed through one or more of the following: modifications, IEP goals and objectives, related services, supplementary aids and services. (Complete Communication Needs Supplement for students w/ AL.)

I. *The student's disability affects involvement or progress in the general curriculum or, for preschool, appropriate activities in the following ways: (Added 8/5/99)

John needs modifications and content mastery to be successful in general education classes.

- ☒ Individual Educational Plan (IEP) is attached. (Refer to Appendix A) ☐ An IEP is not applicable
☐ Refer to the previous IEP as no changes are being made at this meeting.

☐ Yes ☐ No ☒ Not In Attendance Parent/Guardian agrees with all entries in Section III.

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VATC 101-000

Individual Education Plan

(Appendix A)

JOHN RAMIREZ

Date of Report: 01/12/2001

ARD Meeting Date: 11/14/2000

School: Moody High School

DOB: 06/29/1984 Grade: 11

Report	IP	Master	Com	Dis
Goals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Objectives	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Progress	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Goals and Objectives are listed for the period beginning: 08/13/2001 Ending: 5/23/2002

Goal: D2: The learner will demonstrate measurable progress in the acquisition of developmentally appropriate functional independent living skills.

Start Date: 08/13/2001 End Date: _____

☒ In Progress ☐ Mastered ☐ Discontinued**Objectives:**

ILE102: Cooperate with others: supervisor / teacher / peers.90%

Start date: 08/13/2001 Ending date: _____

☒ IP ☐ Master ☐ Disc

Person Init. Resp: Vocational Adjustment Coordinator 3/8/02

Initial Eval. Crit: employer evals/observations

Progress Reports

ILE103: Follow general rules / regulations / guidelines.90%

Start date: 08/13/2001 Ending date: _____

☒ IP ☐ Master ☐ Disc

Person Init. Resp: Vocational Adjustment Coordinator 3/8/02

Initial Eval. Crit: employer evals/observations

Progress Reports

ILE104: Cope with changes in routine, assignment, personnel, work conditions.90%

Start date: 08/13/2001 Ending date: _____

☒ IP ☐ Master ☐ Disc

Person Init. Resp: Vocational Adjustment Coordinator 3/8/02

Initial Eval. Crit: employer evals/observations

Progress Reports

ILE170: Arrive to work punctually.90%

Start date: 08/13/2001 Ending date: _____

☒ IP ☐ Master ☐ Disc

Person Init. Resp: Vocational Adjustment Coordinator 3/8/02

Initial Eval. Crit: employer evals/observations

Progress Reports

Locked ☐ **Corpus Christi Independent School District** **ARD Meeting Date:**
IEP Transition Supplement **JOHN H. RAMIREZ** **6/23/02**

Developed for students 18 years of age and above and other students for whom transition planning is appropriate.
The transition needs of this student were considered by the ARD Committee. Based upon the student's needs, taking into account his/her preferences and interests, needed services were identified as follows:

I. INSTRUCTION and RELATED SERVICES: For instructional objectives based upon ITP/Transition needs, see IEP goals and objectives.

Related Services: None
Other: _____
☐ None needed. Basis of determination: _____

II. COMMUNITY EXPERIENCE: The committee has determined that student instruction will be enhanced through community experiences. See ARD/IEP goals and objectives and ARD/IEP schedule page 4 of 8.

☒ None needed. Basis of determination:
☒ Student is successfully integrated.
☒ Student is able to transfer skills beyond the classroom.
☐ Other: _____

III. EMPLOYMENT: The committee has determined that the student requires vocational instruction. See ARD/IEP schedule page 4 of 8.

Other: _____
☒ None needed. Basis of determination:
☒ Student is successfully employed.
☒ Student has demonstrated employability skills.
☒ Student has the skills to access post-secondary training programs.
☐ Other: _____

IV. ACQUISITION OF DAILY LIVING SKILLS AND OTHER POST-SECONDARY ADULT LIVING OBJECTIVES:

The committee has determined that the student will benefit from specific instruction in adult living skills. See IEP goals and objectives.

☒ None needed. Basis of determination:
☐ Student has demonstrated independent living skills.
☒ Student will need no support with post-secondary adult living skills.
☐ Other: _____

ASSURANCE THAT STUDENT PREFERENCE AND INTEREST WAS CONSIDERED:

☐ Student participated in ITP draft.
☒ Student attended ITP meeting.
☐ Functional Vocational Assessment was done.
Level I: ☐ Student interview ☐ Parent interview
Level II: ☐ Vocational interest ☐ Vocational aptitude
Level III: ☐ assessment
☒ Parent contact: ☒ Letter ☐ Phone

AGENCY	ATTENDED	OTHER PARTICIPATION
Texas Rehabilitation Commission (TRC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Brochure <input type="checkbox"/> Letter <input type="checkbox"/> Phone conference
Texas Mental Health/Mental Retardation (Tx. MHMR)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Brochure <input type="checkbox"/> Letter <input type="checkbox"/> Phone conference
Texas Workforce Commission (TWC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Brochure <input type="checkbox"/> Letter <input type="checkbox"/> Phone conference
Texas Commission for the Blind (TCB)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Brochure <input type="checkbox"/> Letter <input type="checkbox"/> Phone conference
Texas Department of Human Services (TDHS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Brochure <input type="checkbox"/> Letter <input type="checkbox"/> Phone conference
Local Education Agency (LEA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Brochure <input type="checkbox"/> Letter <input type="checkbox"/> Phone conference
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Brochure <input type="checkbox"/> Letter <input type="checkbox"/> Phone conference

Steps taken to ensure agency participation: ☐ Notices ☐ Phone Calls ☐ Other: _____

Notes: Educational agencies are not responsible for a student's attainment of post-secondary goals and the delivery of services that extend beyond his/her eligibility for public education.

If a participation agency fails to provide agreed upon transition services contained in the IEP, the public agency responsible for the student's education will initiate a meeting as soon as possible for the purpose of identifying alternative strategies to meet the transition objectives and, if necessary, revise the student's IEP.

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Admission, Review and Dismissal (ARD) Meeting

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Date: 5/23/02

JOHN H. RAMIREZ

IV. DETERMINATION OF SERVICES TO BE PROVIDED**Vocational Adjustment Class**

A. Justification: Indicates that the identified placement is in the least restrictive environment and is based on the needs of the student. Alternative placement was discussed.

Year: 2001-02 Semester: F/STotal Day: 480Start Time: 8:00 End Time: 14:00

SpEd=Special Education; Reg=Regular Education; Rel=Related Services; IA=Instructional Arrangement

Student's placement this year will be at: Moody High School

Qtr	Total	Reg	Rel	SpEd	IA
F 1	577	505	0	72	08
2	577	505	0	72	08
3	577	505	0	72	08
S 4	577	505	0	72	08

Subject (Option)	Qtr/Sem	*Service Provider	*Grade Assigned	Min. Reg Freq/Period	Min. SpE	Class Modifications Select Up to 10				
MAC	B	NE	GE	0	360					
	B	RE	RE	1 time(s) /wk	05					
	F	RE	RE	1 time(s) /day	00	04	09	10	13	22
	B	RE	RE	1 time(s) /day	00	04	09	10	13	22
	F	RE	RE	1 time(s) /day	00	04	09	10	13	22
	S	RE	RE	1 time(s) /day	00	04	09	10	13	22
	S	RE	RE	1 time(s) /day	00	04	09	10	13	22
	B	RE	RE	1 time(s) /day	00					
	B	RE	RE	1 time(s) /day	00					
	B	RE	RE	1 time(s) /day	00					
	B	RE	RE	1 time(s) /day	00	04	09	10	13	22

**** Modifications: (*denotes assistive technology)**

- | | | | |
|-------------------------------|------------------------------|------------------------------|--|
| 1. Change pace of instruction | 8. Extended time assignments | 17. Interpreter for the deaf | 25. Special instruction/adaptive equipment |
| 2. Oral tests | 10. Shortened assignments | 18. Frequent breaks | 26. Change in TEKS. |
| 3. Short answer tests | 11. Assignment notebooks | 19. Defined physical space | 27. Change in project report requirements. |
| 4. Modified tests/assess | 12. Study aids/manipulatives | 20. Cooling-off period | 28. Change in tool, equipment/ |
| 5. Taped texts | 13. Repetited review | 21. Concrete reinforcers | machinery used in classroom |
| 6. Highlighted texts | 14. Reduces written task | 22. Positive reinforcers | 29. Check for understanding |
| 7. Taping lectures | 15. Calculator | 23. Behavior management plan | 30. Other 1: _____ |
| 8. Note taking assistance | 16. Preferential seating | 24. Oral directives | 31. Other 2: _____ |
| | | | 32. Other 3: _____ |

Additional modifications are listed in the deliberations.

Modifications needed to assure success in regular, remedial, and supportive programs, including eligibility for participation in extracurricular activities, are specified on the Individual Educational Plan.

Parents will be notified of progress by:
 -Regular report card

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Admission, Review and Dismissal (ARD) Meeting

4 cont.

Date: 5/23/02

JOHN H. RAMIREZ

Related Service	Provider	Min	Freq/ Period	Other	Qtr/ Sem
None			time(s) per		

COORDINATION BETWEEN REGULAR AND
SPECIAL EDUCATIONThis person is responsible for monitoring the
student's performance in regular education:
No Longer Provided

Monitoring Frequency: Every 9 wks.

Monitoring Method: Report cards

Schedule for evaluating progress for participation
in extracurricular activities will be every:☒ 3 weeks ☐ 6 weeks ☐ 9 weeks☐ OtherIn order to receive passing grades in all content areas of instruction and to participate in extracurricular activities, the expected mastery
level as established by the district is 70%, unless otherwise noted. Exceptions for this student, if any, are documented on the IEP.

Explanation of Alternative Assessment Decisions (rationale/accommodations/mods)

NA

Assessment of Student Progress:

☐ not offered for this student's grade

	Mathematics	Writing	Reading	Science	SS	RPTE
Will Take TAAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Alt. Assess.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Alt. Assess.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NA/Passed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TAAS and End-of-Course Exam Test Mode
as defined in test administration materials.

0 0 0 0

0 0

**Refer to the attached Test Modifications
for a description of each modification.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not In Attendance	Parent/Guardian agrees with all entries in Section IV.
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Admission, Review and Dismissal (ARD) Meeting
JOHN H. RAMIREZ

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V. DETERMINATION OF PLACEMENT

Placement alternatives provided, tried, or considered (p, t, c), including services in regular and compensatory education, for which the student is eligible and additional services needed) are identified below. Consideration of the vocational training needs for students at or before entry into high school was discussed. (Modified 2/10/86)

<input type="checkbox"/> Regular education only	<input type="checkbox"/> Compensatory education
<input type="checkbox"/> Regular education with modifications in pacing, methods, or materials	<input type="checkbox"/> Alternative school
<input type="checkbox"/> Regular education with support services	<input type="checkbox"/> Regular vocational education
<input type="checkbox"/> Self-contained class (special education)	<input type="checkbox"/> Regional Day School for the Deaf
<input type="checkbox"/> Resource classroom (special education)	<input type="checkbox"/> Homebound
<input type="checkbox"/> Discipline center	<input type="checkbox"/> Speech therapy
<input type="checkbox"/> Related services:	<input type="checkbox"/> Hospital class
<input type="checkbox"/> Home-based instruction	<input type="checkbox"/> Classroom (VAC)
<input type="checkbox"/> On the job training (VAC)	<input type="checkbox"/> Home Campus
<input type="checkbox"/> Bilingual education/ESL	<input type="checkbox"/> Other: Content Mastery

Results	If efforts are not successful, provide reason(s):
Successful in current placement.	

☐ Yes ☐ No ☒ NIA Parents of students who meet eligibility criteria for visual or auditory impairments or deafblindness have been given written information, within the past year, about programs offered by the Texas School for the Blind and Visually Impaired or Texas School for the Deaf, including eligibility and admissions requirements and the rights of student's related to admission.

Date(s) informed: School for Blind:

School for Deaf:

The committee determined that the student's placement will be at:
 Current Year: Moody High School

Vocational Adjustment Class

Name of Current Instructional Arrangement

☒ Yes ☐ No This is the campus which the student would attend if not in special education.
 If no, name the student's home campus:

☒ Yes ☐ No This is the campus that is as close as possible to the student's home which provides the services the ARD committee has deemed necessary.

Date services are to begin: 5/12/01 Anticipated duration of services: 05/02

Next Year: Moody High School Resource Room/Services: <21%

Name of Next Year's Instructional Arrangement

☒ Yes ☐ No This is the campus which the student would attend if not in special education.
 If no, name the student's home campus:

☒ Yes ☐ No This is the campus that is as close as possible to the student's home which provides the services the ARD committee has deemed necessary.

Date services are to begin: Anticipated duration of services:

☐ Yes ☐ No ☒ Not in Attendance Parent/Guardian agrees with all entries in Section V.

VI. EXTENDED SCHOOL YEAR SERVICES (ESY)

☐ Yes ☒ No Documentation has been submitted and the student is in need of ESY. If yes, attach the ESY SUPPLEMENT, IEP's for ESY and documentation of need.

Services to be provided:
 Subject

Amount of Time

Related Services

Transportation: ☐ Yes ☒ No

☐ Yes ☐ No ☒ Not in Attendance Parent/Guardian agrees with all entries in Section VI.

VII. GRADUATION (High School Student Only):

The student is expected to graduate in: 2002

☒ Yes ☐ No Graduation Supplement with Transition Statement is attached.

☐ Yes ☐ No ☒ Not in Attendance Parent/Guardian agrees with all entries in Section VII.

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Corpus Christi Independent School District
ARD/IEP Supplement
Graduation with Transition Statement

Locked: ☐

Student's Name: JOHN H. RAMIREZ

Anticipated Date of Graduation: 5/25/02

ARD Meeting Date: 5/23/02

Note: Graduation is a change of placement and JOHN H. RAMIREZ, upon graduation, will no longer be eligible for services under Part B of the Individuals with Disabilities Act and graduation with a regular high school diploma terminates JOHN H. RAMIREZ's entitlement to the benefits of the Foundation Schools Program. (Refer to the footnotes at the bottom of this supplement for exceptions.)

The ARD committee has determined that this student will graduate under the following option:

- ☐ This student has satisfactorily completed the minimum academic credit requirements for graduation applicable to students without disabilities, which includes satisfactory performance on an exit level assessment instrument.
- ☒ This student has maintained full-time employment without direct and ongoing educational support of the local school district based on this student's abilities and local employment opportunities. This option requires this student to complete his/her IEP and attain sufficient self-help skills to maintain the employment.*
- ☐ This student has demonstrated mastery of specific employability and self-help skills which will not require direct ongoing educational support of the local school district. This option requires this student to complete his/her IEP.*
- ☐ This student has gained access to services which are not within the legal responsibility of public education, or employment, or further educational opportunities. This option requires this student to complete his/her IEP.*
- ☐ This student no longer meets age eligibility requirements and has completed the requirements specified in the IEP.
- ☐ This student has satisfactorily completed the minimum academic credit requirements for graduation applicable to students in general education and has been exempted from the exit-level assessment instrument because modifications and accommodations provided during instruction would render the results of the assessment invalid.

Based on the anticipated method of graduation, the following instructional and educational experiences are planned to assist the student to prepare for transition from secondary education to post-secondary life.
(Transition service needs should focus on the student's course of study):

John plans to attend UTI in Houston to study auto or marine mechanics. He will continue working full-time to acquire credits for graduation.

- * When considering graduation under this option, the ARD committee, when appropriate, shall seek in writing and consider written recommendations from appropriate adult service agencies and the views of the parent and, when appropriate, the student.
- * Employability and self-help skills are those skills directly related to the preparation of students for employment, including general skills necessary to obtain or retain employment.
- * Students with disabilities who are eligible to take the exit level assessment instrument but have not performed satisfactorily are eligible for instruction in accordance with TEC, §39.024.
- * For students who receive a diploma under this option, the ARD committee shall determine needed educational services upon the request of the student or parent to resume services, as long as the student meets the age eligibility requirements.

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JOHN H. RAMIREZ

IV. LEAST RESTRICTIVE ENVIRONMENT SUPPLEMENT

- A. Evidence that removal of students with disabilities from the general educational environment/campus occurs only when the nature and severity of the disability is such that education in regular education classes/campus with the use of supplementary aids and services cannot be achieved satisfactorily based on the following:

John is a full-time VAC student.

Supplementary aides and services previously provided to the student include:

- | | |
|---|--|
| <input type="checkbox"/> Title I/Compensatory education | <input type="checkbox"/> Adaptive equipment |
| <input type="checkbox"/> School health Services | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Bilingual classes | <input checked="" type="checkbox"/> Modifications in regular education |
| <input type="checkbox"/> ESL | <input type="checkbox"/> Speech Modeling |
| <input checked="" type="checkbox"/> Tutorials | <input type="checkbox"/> Other 1: _____ |
| <input type="checkbox"/> Pre-school | <input type="checkbox"/> Other 2: _____ |

- B. In selecting the least restrictive environment, the following considerations were given to any potential harmful effects on the student and the quality of services he or she needs.

- | | |
|--|---|
| <input type="checkbox"/> Increased student frustration/stress | <input type="checkbox"/> Increased mobility problems in a large school setting |
| <input type="checkbox"/> decreased student self esteem/worth | <input type="checkbox"/> Increased safety concerns caused by physical aspects |
| <input type="checkbox"/> Increased difficulty with distractions of regular environment | <input type="checkbox"/> Increased safety concerns caused by student adaptive equipment |
| <input checked="" type="checkbox"/> large student/teacher ratio vs. increased need for attention | <input type="checkbox"/> lack of emotional control harmful to others |
| <input checked="" type="checkbox"/> excessive time required to master objectives | <input type="checkbox"/> lack of social skill causes harm |
| <input checked="" type="checkbox"/> Increased difficulty completing tasks | <input type="checkbox"/> wide difference in development levels causes isolation |
| <input type="checkbox"/> Increased difficulty controlling behavior | <input type="checkbox"/> lack of specialized setting required for related service |
| <input type="checkbox"/> other students distracted by related service | <input type="checkbox"/> Other: _____ |

- C. Opportunities for this student to participate in all nonacademic and extracurricular activities available to students without disabilities to the maximum extent appropriate for the individual student.

- | Nonacademic | Extracurricular |
|--|---|
| <input checked="" type="checkbox"/> lunch | <input checked="" type="checkbox"/> athletics |
| <input type="checkbox"/> recess | <input checked="" type="checkbox"/> clubs |
| <input checked="" type="checkbox"/> counseling services, including emergency | <input checked="" type="checkbox"/> band |
| <input checked="" type="checkbox"/> transportation | <input checked="" type="checkbox"/> choral groups |
| <input checked="" type="checkbox"/> health services | <input type="checkbox"/> not applicable |
| <input checked="" type="checkbox"/> recreational services | <input checked="" type="checkbox"/> other school sponsored activities |
| <input checked="" type="checkbox"/> assemblies | <input type="checkbox"/> others: _____ |
| <input type="checkbox"/> others: _____ | |

If any of the above items are NOT checked, document the ARD/IEP committee's decision to exclude this student from the opportunity to participate:

- D. ☒ Yes ☐ No This student is being educated with regular education students to the maximum extent appropriate to the needs of the student and is unable to benefit from education with regular education students to any greater extent.

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JOHN H. RAMIREZ

E. *Removal from General Education Campus

- ☐ Services and/or therapies in the student's IEP cannot be provided on a general education campus.
- ☐ The behavior management plan contained in the student's IEP cannot be implemented on a general education campus.
- ☐ The student's behavior is so dangerous that it cannot be controlled without intense supervision and a closed environment.
- ☐ The student had a previously unsuccessful placement on a general education campus. If selected, list instructional and related service goals and objectives and modification/support services that address returning the student to the general education campus.

☐ Other: _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not in Attendance	Parent/Guardian agrees with all entries in Section VIII.
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**Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting Deliberations**
JOHN H. RAMIREZ

**Additional Deliberations of the ARD Committee
Appendix B**

Purpose: Dismissal ARD to review credits for graduation and discuss transition. John has 18.5 credits. He is a full-time VAC student this year. Anticipated graduation is 5/02 as an IEP graduate. John is exempt from the exit-level TAAS. He is interested in attending UTI in Houston for training in auto or marine mechanics. John was given information about services offered by TRC and encouraged to set up an intake appointment with them. He was also advised to talk to the school counselor for information about UTI.

Recorder: Karen Boyd

Special Ed. Teacher (Res)
Recorder Title

5/23/02

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Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting

JOHN H. RAMIREZ

IX. ASSURANCES

The committee assures that special education placement:

- * is as close as possible to the student's home.
- * for national origin minority group students or linguistically different students is not based on criteria which were developed solely on command of the English language.

*Basis for assurances:

- ☐ adaptations in testing procedures ☒ review of parent/student information
☐ use of interpreter ☐ review of language assessment

- * is not based on deficiencies identified as directly attributable to a different culture, lifestyle, or lack of educational opportunities.

*Basis for assurances:

- ☒ review of parent/student information ☐ review of sociological assessment

*The ARD committee assures that this student is being educated with students his/her age who do not have disabilities to the maximum extent appropriate to his/her overall educational needs (including academic and developmental areas such as language and socialization).

*The committee assures that all instruction and related services specified in the IEP will be provided to the student at no cost. Fees normally charged to students without disabilities or their parents as part of the general education program may be charged (i.e., art or laboratory fees).

NOTE: IF APPROPRIATE, COMPLETE ARD/IEP SUPPLEMENT: OUT-OF-DISTRICT PLACEMENT VERIFICATION OR REFERRAL TO A REGIONAL DAY SCHOOL PROGRAM FOR THE DEAF.

X. SIGNATURES OF COMMITTEE MEMBERS

☒ Yes ☐ No ☐ NA A transfer of rights notice has been provided to the student and/or parent prior to the age of majority.

Parent ☐ agrees ☐ not in attendance with required entries in Sections I thru VIII of this document. Note: Disagrees indicates that "No" was entered, or neither box was checked at the end of one or more of the sections.
☒ disagrees

Signature	Position	Agree	Disagree
<i>[Signature]</i>	Parent/Adult Student	<input type="checkbox"/>	<input type="checkbox"/>
<i>[Signature]</i>	Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>[Signature]</i>	Instruction	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>[Signature]</i>	Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>[Signature]</i>	Assessment	<input type="checkbox"/>	<input type="checkbox"/>
<i>[Signature]</i>	Speech Therapist	<input type="checkbox"/>	<input type="checkbox"/>
<i>[Signature]</i>	Student	<input checked="" type="checkbox"/>	<input type="checkbox"/>

☒ This IEP has been developed by the members of the ARD committee by mutual agreement.

☐ The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than 10 school days. During the recess the members shall consider alternatives, gather additional data, and/or obtain additional resource persons to enable them to reach mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or others, or if the student has committed an expellable offense. The committee will reconvene on:

☐ The members of this ARD committee have not reached mutual agreement.

_____ at _____ at _____
Date Location Time

2 Statements of the reason mutual agreement has not been reached may be attached.

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full explanation of all procedural safeguards is included with this form. Please contact Robert Garcia at (361) 994-3500 if you have any questions or need names of other individuals to assist you in understanding this document or your procedural safeguards.

¹ Assessment personnel are required when interpretations of assessment data are being considered.

² Include documentation concerning the reconvened ARD.

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CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas

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Psychological Services

Reevaluation Assessment

#R156

Reason for Referral:

Emotional/behavioral testing was requested by a Reevaluation ARD Committee due to John's disruptive, non-compliant classroom behavior. John is currently receiving Special Education services at Moody High School due to a Learning Disability and ADHD/OHI (Other Health Impairment).

Testing Conditions/Observations:

Testing was attempted on several occasions, but could not be conducted due to John's excessive absenteeism. John attends Moody High School half-day and works off campus in the afternoons. However, he refuses to attend all day, except for one morning class and frequently skips school altogether.

Standardized assessment procedures were not used with this student. Projective assessment was refused by examiner. Therefore, the following procedures were utilized: interview and behavior rating scales were administered.

I. Assessment of Physical, Mental, and/or Emotional Conditions

Sources of data include the Request for Educational Assistance (R.E.A.) (demographic information and academic/behavioral concerns) which was completed by the student's teacher on 11/16/01, and the Health Inventory and Family Information form, completed via parent interview, which includes physical, emotional/behavioral, sociological, and adaptive behavior information. Dates of assessment data obtained from other sources will be listed only if different from the "Date of Evaluation" given below.

Name: Ramirez, John
DOB: 6/29/84 CA: 16 Years, 10 Mos.
School: Moody H.S. Grade: 10
Date of Evaluation: 4/20/01
Student ID#: 454313620
Date of Report: 4/27/01

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Psycho-educational Evaluation

C. Assessment of Emotional/Behavioral Factors

Tests/Measures Used:

R.E.A.	11/16/01
Behavior/Academic checklist from teacher	12/11/00
Reports of Behavior from Staff	11/16/00, 4/20/01
Reports of Behavior during Testing by Counselor/Team	4/20/01
Clinical Interview	4/20/01

Interpretation:

Based on information from the identified sources, emotional/behavioral factors do not at present appear to adversely influence John's learning to a significant degree.

John appears to be a socially maladjusted individual, who chooses to violate school and community rules for personal gain. He is able to understand the consequences of his own behavior and, by his own admission, is also in control of his behavior. He expresses no remorse for his actions and proudly states that he has no intention to change.

Please see attached eligibility report for Emotional Disturbance.

Characteristics of John's behavior, as manifested in in-school and/or out-of-school settings which appear to influence his educational placement and programming include:

John is described by his teachers as aggressive, argumentative with authority, disrespectful to others, and disruptive in class.

Characteristics of John's behavior as manifested in in-school and/or out-of-school settings which appear to influence his ability to follow school disciplinary rules include:

John is able to follow all school disciplinary rules and should be subject to regular discipline procedures.

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Psycho-educational Evaluation

D. Assessment of Sociological Factors

Measures Used:

R.E.A. 11/16/01

Teacher Reports 4/20/01

Interpretation:

Information from identified sources does indicate that significant culture and/or lifestyle factors may influence John's learning and behavioral patterns.

John belongs to a peer group, possibly gang-like and it's activities, which does not appear to value compliance with school and community rules. John may act inappropriately (i.e., disrespectful, aggressive, etc.) in order to preserve his reputation and esteem in his own eyes and in the eyes of his peer group.

ch

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Comprehensive Individual Assessment
Statement of Eligibility

Date of Report: 4-27-01 SSN: 454 31 3620 Age: 16:10

Based on the data in this report, the student: John Ramirez

School: Moody High School Grade: 10 Sex: M

☒ does meet the eligibility criteria for special education services with the disability of:

Condition 1: Learning Disability Condition 4: _____

Condition 2: DHI : ADHD Condition 5: _____

Condition 3: _____

☐ does not meet eligibility criteria for special education services.

ASSURANCES (Representative of multidisciplinary team initial below.)

- JH *The multidisciplinary team assures that the testing, evaluation materials, and procedures used for the purposes of evaluation were selected and administered so as not to be racially or culturally discriminatory.
- JH *The multidisciplinary team assures that the tests and other evaluation materials have been validated for the specific purpose for which they were used.
- JH *The multidisciplinary team assures that the tests and other evaluation materials were administered by trained personnel in conformance with the instructions provided by their producers.

I have reviewed this report and it reflects my professional conclusions.

Multidisciplinary Team	Position	Agree	Disagree
<u>Justine L. Hansen</u>	<u>LSSP</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

* Denotes required item.

** If you disagree, submit a written explanation of area(s) of disagreement.

REVIEWED BY: Erica Hester

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IV. Verification of Eligibility as Severely Emotionally Disturbed

A. Tests Administered

Date: 4/27/01

☐ Thematic Apperception Test
☐ Make a Picture Story
☐ Children's Apperception Test
☐ Rorschach
☐ Minnesota Multiphasic Personality Inventory
☐ Parent Interview
☒ Clinical Interview

☐ Incomplete Sentences
☐ Despert Fables
☐ Self-Concept Questionnaire
☐ Draw-A-Person
☐ House-Tree-Person
☐ Kinetic Family Drawing
☐ Behavior Evaluation Scale
☒ Other: BASC - Teacher Rating Scale, BASC - Self-Report, and Teacher Information and Interview

☒ Student Observation(s)

B. Test Interpretation:

John was extremely resistant to testing. He expressed anger towards this examiner for embarrassing him by coming into his classroom to get him for testing. He stated that he did not need to be tested, and that he believes the tests are designed to make people feel bad about themselves. He also expressed anger about having been previously labeled LD and ADHD/OHI and placed in Special Education. However, he does not want to be exited from Special Education because it's the only way he can be in the half-day work program, but added that he otherwise doesn't need Special Education services. He attributed his failing grades to his lack of effort, attendance, and concern; but defended his ability to do the work.

John refused to participate in projective testing, but allowed an interview and completed a BASC. John's BASC responses indicate that his attitude toward school and teachers are areas of significant maladjustment for him. A BASC completed by John's teacher indicates that hyperactivity and aggression are areas of concern. No other emotional/behavioral concerns were noted by John's teacher.

An interview revealed that John does not value or prioritize school. He expressed a general dislike of teachers and school. He does value his job and his peer group. However, he lost his job due to possession of marijuana and belongs to a delinquent peer group. John appears extremely wary of trusting others and states that he will purposefully lash out at any person he perceives to be disrespectful of him. He has done this in the past and has no remorse for his actions.

John's teachers describe him as an oppositional student with an attitude problem and suspect him of gang membership. They state that he has rejected efforts to help him meet his school goal. One of his teachers has established adequate rapport and John describes her as the only teacher he likes/tolerates. However, he skips and behaves inappropriately in her class despite that he is afforded many privileges and rewards. John does not attend his other classes at all.

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Severely Emotionally Disturbed (Cont.)

- _____ This student has demonstrated the following characteristics of severe emotional disturbance for/and to such a degree that educational performance has been adversely affected.
- _____ an inability to learn which cannot be explained by intellectual, sensory, or health factors;
- _____ an inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- _____ inappropriate types of behavior or feelings under normal circumstances;
- _____ a general pervasive mood of unhappiness under normal circumstances; or
- _____ a tendency to develop physical symptoms or fears associated with personal or school problems.
- ✓ _____ This student does not demonstrate characteristics of emotional disturbance.

C. Type and Severity of Emotional Disturbance

None.

D. Behavioral Concerns

1. Degree to which the student's in-school and out-of-school behavior reflects symptoms consistent with the diagnosis:

John appears to be in control of and understands the consequences of his behavior. He expresses no remorse for his previous wrong doings and no intention to change his behavior.

2. Behavior(s) considered to be a direct result of the emotional disturbance:

None.

3. Functional implications for situations involving instruction:

John is likely to be aggressive, argumentative, disruptive, and disrespectful at school. He should be held responsible for these behaviors.

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4. Recommendations for behavioral management in the educational setting:

Firm, clear boundaries and expectations should be set with John. All redirections should be made in private. Every attempt to demonstrate respect towards John should be made. He will refuse to work with, and may be aggressive towards any person he perceives as lacking respect for him. John does not like working with his peers, especially those he perceives to be inferior to him. Little can be gained from forcing him to work with others as he will resist and may fight verbally or physically with other students. John works best in hands-on activity oriented situations. John may agree to work for special privileges, such as computer time or free time. John enjoys computers.

Yvonne Stanger
Licensed Specialist in School Psychology

Reviewed/Supervised by:

[Signature]
Coordinator for Psychological Services
Licensed Psychologist

PS-94-Psy-ED ch Name: John Ramirez DOB: 6/29/84 School: Moody H.S.

COUNSELOR

Locked: ☐

Corpus Christi Independent School District Admission, Review and Dismissal (ARD) Meeting

☐ Initial ☐ 3-Year Review ☐ Dismissal and/or ☒ Annual and/or ☐ Failure ☐ Discipline
☐ Transfer ☒ Review ☐ End of Year Dismissal

Student ID: 454-71-3620 Meeting Date: 9/5/01
Student's Name: JOHN H. RAMIREZ Instructional Arrangement: 03
Date of Birth: 6/29/84 Sex: M Resource Room
Home Campus: Moody High School Speech: 0
Current Campus: Moody High School Grade: 12
Parent's Name: GUADALUPE ALEJANDRO
Parent's Address: 3901 CASTILLA CT. Home Phone: (512) 854-1481
CORPUS CHRISTI, TX 78415- Work Phone: (512) 653-8891 Ext. 0000
☐ *An interpreter was used to assist in conducting the meeting. If yes, specify language:
☐ Parent/Adult student waives the 5 school days written notice of the ARD meeting and agrees to an earlier meeting.

Parent's Signature: GUADALUPE ALEJANDRO 4/27/01

I. REVIEW OF ASSESSMENT/EVALUATION DATA (check if applicable)

- ☒ Assessment/Evaluation Reports
☒ ARD Full and Individual Evaluation (FIE)
☐ Other Assessments/Evaluations. Specify:

Date(s) of Report(s):

Assessment	Initial Date	Current Date	Needed	Complete By	Active
None					

☒ Vocational Assessment Date(s) or Report(s): 9/24/07

- ☐ Current FIE, other assessments/evaluations, and associated eligibility reports have been given to the parents.
☒ Information from the student's Individual Transition Plan (attach supplement dated:)
☐ Records from other school district.
☒ Information from parents/student.
☒ Information from school personnel.
☐ Information/Records from other agencies/professionals.
☐ Information from Language Proficiency Assessment Committee.
☐ Additional assessment/evaluation is needed. Refer to the Other Assessments/Evaluations table above for specific assessments/evaluations and associated timelines.

A Full and Individual Evaluation (FIE) must be completed by: 4/27/2004
☒ Yes ☐ No The IEP previously developed was reviewed.

☐ Yes ☐ No ☒ Not in Attendance Parent/Guardian agrees with all entries in Section I.

9/5/01

Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting
JOHN H. RAMIREZ

2

II. *DETERMINATION OF ELIGIBILITY (check if applicable):

Based on the assessment/evaluation data reviewed, the committee has determined that the student:

- ☐ does not meet specific TEA and Federal eligibility criteria to receive special education services.
☒ meets specific TEA and Federal eligibility criteria to receive the following special education services for the following conditions:

Condition 1: Learning Disabled Condition 4: None
Condition 2: Other Health Impaired Condition 5: None
Condition 3: None

Complete the following section for transfer students only:

☐ The parent or parents verify that the student was receiving special education services in _____, Verification from the former district ☐ by telephone reported by _____, or ☐ type of document _____ and date received _____.

The instructional arrangement and related service provided in the previous district were as follows:

Eligibility is temporary contingent upon receipt of valid assessment/evaluation data or collection of new assessment/evaluation data. A second ARD will be held within 30 school days to develop an IEP based on

☐ Yes ☐ No ☒ Not in Attendance Parent/Guardian agrees with all entries in Section II.

III. COMPETENCIES: ☒ discussed below ☐ to be addressed at 30 day ARD/IEP

A. PHYSICAL, as it affects participation in:

*Instructional settings:

☒ normal vision (☐ with glasses) ☒ normal hearing ☒ good general health

and/or

*physical education

☒ Yes ☐ No Student is capable of receiving instruction in regular P.E. with no modifications. If no, see services to be provided.

Other Physical Competencies

Not Applicable

*This field was added 8/1/06. Refer to deliberation for additional competencies, if any prior to this date.

B. BEHAVIORAL, as it affects:

Educational placement/programming:

(Check the appropriate competencies)

- ☐ Interacts appropriately with peers
☐ Interacts appropriately with adults
☐ adjusts easily to new situations
☐ respects authority
☐ cooperative
☐ completes tasks

Other Behavior 1: Disruptive classroom behavior at times

Other Behavior 2: Can be argumentative with authority figures

Other Behavior 3:

9/5/01

Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting

JOHN H. RAMIREZ

C. *Discipline:

(Check the appropriate competencies)

- ☐ is mentally able to follow regular discipline rules
☒ is emotionally able to follow regular discipline rules; or ☐ refer to comments below
☒ Student's behavior impedes his/her learning or that of others (If 'X' complete function behavioral assessment, Behavior Intervention Plan/Behavioral IEP).
☐ able to follow classroom management plan

☐ Yes ☒ No The student is capable of following the Student Code of Conduct without modification. If NO, complete Special Discipline Procedures form.

Comments: Behavior Plan developed 11/28/00 will remain in effect in 2001-02 school year.

D. *Prevocational/Vocational (when appropriate)

- ☐ not appropriate for this student ☐ has good attendance ☒ is able to work on time schedule
☐ keeps work area neat ☐ follows directions ☐ Other 1: _____
☐ has good social skills ☐ is reliable ☐ Other 2: _____
☐ is mechanically inclined ☐ cares for materials
☒ has a part-time job ☐ is responsible

E. *Academic/Developmental, including LEP student language competencies relevant to developing the IEP (grade or age levels alone are not acceptable):

- Area 1: draws conclusions
Area 2: identify main idea
Area 3: uses capitalization
Area 4: describes setting
Area 5: Adds, subtracts, multiplies, and divides whole numbers, decimals, and fractions
Area 6: _____
Area 7: _____

F. Assistive Technology needs were considered.

- ☒ Based on informal and/or formal information, A.T. devices and services are not recommended at this time.
A.T. addressed through one or more of the following: modifications, IEP goals and objectives, related services, supplementary aids and services. A.T. devices will be provided for: ☒ Current Year ☐ Next Year ☐ Both
(Note: Refer to formal A.T. screenings, FIE, and/or other formal and informal information for detailed A.T. recommendations.)

G. *Indicate content areas in which the student's disability significantly interferes with his/her ability to meet regular academic mastery levels.

- ☒ Language Arts/English ☐ Science
☐ Reading ☐ Social Studies
☐ Math ☐ Other: _____

H. Communication needs were considered. (Added 8/5/99)

- ☒ No additional communication services are recommended.
☐ Communication needs are addressed through one or more of the following: modifications, IEP goals and objectives, related services, supplementary aids and services. (Complete Communication Needs Supplement for students w/ AL)

I. *The student's disability affects involvement or progress in the general curriculum or, for preschool, appropriate activities in the following way: (Added 8/5/99)

John needs modifications and content mastery to be successful in general education classes.

- ☒ Individual Educational Plan (IEP) is attached. (Refer to Appendix A) ☐ An IEP is not applicable
☐ Refer to the previous IEP as no changes are being made at this meeting.

☐ Yes ☐ No ☒ Not in Attendance Parent/Guardian agrees with all entries in Section III.

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CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas

Behavior Intervention Plan

11-28-00

9/5/01 - BIP reviewed at
annual ARD. will
remain in effect for
2001-02 school yr.

PLEASE PRINT

Ramirez	John	H	454713620	6-29-84
STUDENT LAST NAME	FIRST	MI	SS NUMBER	DOB

Please list below each behavior, reinforcement, consequence, person responsible for administering the name and date to be reviewed.
Appropriate interventions might arise from assessment data, discipline history, social history, or parental reports.

(Indicate intervention strategies by code)

Specific Behavior	Description of Means for Rewarding Desirable Behavior	Description of Consequences for Undesirable Behavior	Person Responsible Date to be Reviewed
Improve school attendance	- Verbal praise - Set well-defined limits - isolate student in another part of class - preferential seating	- verbal warning - call / conference w/ parent - loss of privileges in class - office referral - detention - offer choices - detention - ISS - Suspension	student parent school staff
Refrain from verbal & physical aggression (fighting)	- call / conference w/ parent - earn privileges / activities in class & at home	- AEP	
Comply w/ directives from authority figures	- attend tutorials before & after school to complete assignments & make-up absences & do community services - Complete attendance w/inner - suggest parent contact	- file truancy charges - contact truant officer	

John's doctor to see
if medication for ADD would be helpful.

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**Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting**

Date: 9/5/01

JOHN H. RAMIREZ

IV. DETERMINATION OF SERVICES TO BE PROVIDED

Resource Room/Services: <21%

A. Justification indicates that the identified placement is in the least restrictive environment and is based on the needs of the student. Alternative placement was discussed.

Year: 2001-02 Semester: F/SStart Time: 8:00 End Time: 18:00Total Day: 480 Inst Time: 330

SpEd=Special Education; Reg=Regular Education; Rel=Related Services; IA=Instructional Arrangement

Student's placement this year will be at: Moody High School

Other Setting All Qtrs

Qtr	Reg	Rel	SpEd	IA
1	499	0	6	41
2	499	0	6	41
3	499	0	6	41
4	499	0	6	41

Subject (Option)	Qtr/Sem	*Service Provider	*Grade Assigned	Min. Reg.	Min. SpEd	Class Modifications Select Up to 10				
Content Mastery	B	RE	SE	30	30					
				1 time(s) /wk						
Non-Instruct Time	B	RE	RE	65	0					
				1 time(s) /day						
PE/Health	F	RI	RE	90	0	04	09	10	13	22
				1 time(s) /day		29	30			
TICP	B	RI	RE	90	0	04	09	10	13	22
				1 time(s) /day		29	30			
English 2	F	RI	RE	90	0	04	09	10	13	22
				1 time(s) /day		29	30			
US Govt/History	S	RI	RE	90	0	04	09	10	13	22
				1 time(s) /day		29	30			
Algebra 2	S	RI	RE	90	0	04	09	10	13	22
				1 time(s) /day		29	30			
COOP/VC	B	RI	RE	90	0					
				1 time(s) /day						
	B	RE	RE	90	0					
				1 time(s) /day						
	B	RE	RE	0	0	04	09	10	13	22
				1 time(s) /day		29	30			

Min. Reg. are provided in the regular classroom. Min. SpEd. and/or Min. Related Service are provide outside the regular classroom. Special locations for providing services are described as part of the subject, in the Related Service Other column, or in the deliberations.

** Modifications: (*denotes assistive technology)

- | | | | |
|-------------------------------|------------------------------|------------------------------|---|
| 1. Change pace of instruction | 9. Extended time assignments | 17. Interpreter for the deaf | 25. Special instruction/adaptive equipment |
| 2. Oral tests | 10. Shortened assignments | 18. Frequent breaks | 26. Change in TEKS |
| 3. Short answer tests | 11. Assignment notebooks* | 19. Defined physical space | 27. Change in project, report requirements |
| 4. Modified tests/texts | 12. Study aids/manipulatives | 20. Cooling-off period | 28. Change in tool, equipment/
machinery used in classroom |
| 5. Taped texts* | 13. Repeated review | 21. Concrete reinforcers | 29. Check for understanding |
| 6. Highlighted texts* | 14. Reduce written test | 22. Positive reinforcers | 30. Other 1: Content mastery |
| 7. Taping lectures* | 15. Calculator* | 23. Behavior management plan | 31. Other 2: _____ |
| 8. Note taking assistance* | 16. Preferential seating | 24. Oral directives | 32. Other 3: _____ |

Additional modifications are listed in the deliberations.

Modifications needed to assure success in regular, remedial, and supportive programs, including eligibility for participation in extracurricular activities, are specified on the Individual Educational Plan.

Parents will be notified of progress by:
Regular report card

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Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting

4 cont.

Date: 9/5/01

JOHN H. RAMIREZ

Related Service	Provider	Min	Freq/ Period	Other	Qtr/ Sem
None			time(s) per		

COORDINATION BETWEEN REGULAR AND
SPECIAL EDUCATIONThis person is responsible for monitoring the
student's performance in regular education:

Reg/Spec. Ed. Teacher

Monitoring Frequency: Every 6 wks.

Monitoring Method: Report cards

Schedule for evaluating progress for participation
in extracurricular activities will be every:☒ 3 weeks ☐ 6 weeks ☐ 9 weeks☐ OtherIn order to receive passing grades in all content areas of instruction and to participate in extracurricular activities, the expected mastery
level as established by the district is 70% unless otherwise noted. Exceptions for this student, if any, are documented on the IEP.

Explanation of Alternative Assessment Decisions (rationale/accommodations/mode)

NA

Assessment of Student Progress:

	Mathematics	Writing	Reading	Science	SS	RPT
Will Take TAAS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
State Alt. Assess.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oh. Alt. Assess.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A/Passed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ not offered for this student's grade**TAAS and End-of-Course Exam Test Mods
as defined in test administration materials.

0 0 0 0

0 0

**Refer to the attached Test Modifications
for a description of each modification.☐ Yes ☐ No ☒ Not In Attendance Parent/Guardian agrees with all entries in Section IV.

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Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting

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JOHN H. RAMIREZ

V. DETERMINATION OF PLACEMENT

Placement alternatives provided, tried, or considered (p, t, c), including services in regular and compensatory education, for which the student is eligible and additional services needed) are identified below. Consideration of the vocational training needs for students at or before entry into high school was discussed. (Modified 2/10/00)

<input type="checkbox"/> P	Regular education only	<input type="checkbox"/> P	Compensatory education
<input type="checkbox"/>	Regular education with modifications in pacing, methods, or materials	<input type="checkbox"/> P	Alternative school
<input type="checkbox"/>	Regular education with support services	<input type="checkbox"/>	Regular vocational education
<input type="checkbox"/>	Self-contained class (special education)	<input type="checkbox"/>	Regional Day School for the Deaf
<input type="checkbox"/>	Resource classroom (special education)	<input type="checkbox"/>	Homebound
<input type="checkbox"/>	Discipline center	<input type="checkbox"/>	Speech therapy
<input type="checkbox"/>	Related services:	<input type="checkbox"/>	Hospital class
<input type="checkbox"/>	Home-based instruction	<input type="checkbox"/>	Classroom (VAC)
<input type="checkbox"/>	On the job training (VAC)	<input type="checkbox"/>	Home Campus
<input type="checkbox"/>	Bilingual education/ESL	<input type="checkbox"/> P	Other: Content Mastery

Results Passed all classes last year except English 2 and algebra 2	If efforts are not successful, provide reason(s): Excessive absences, incomplete assignments and performance standards
---	--

☐ Yes ☐ No ☒ N/A Parents of students who meet eligibility criteria for visual or auditory impairments or deafblindness have been given written information, within the past year, about programs offered by the Texas School for the Blind and Visually Impaired or Texas School for the Deaf, including eligibility and admissions requirements and the rights of student's related to admission.

Date(s) informed: School for Blind: _____ School for Deaf: _____

The committee determined that the student's placement will be at:

Current Year: _____

Moody High School _____ Resource Room _____

Name of Current Instructional Arrangement _____

☒ Yes ☐ No This is the campus which the student would attend if not in special education.
If no, name the student's home campus: _____

☒ Yes ☐ No This is the campus that is as close as possible to the student's home which provides the services the ARD committee has deemed necessary.

Date services are to begin: 8/20/01 Anticipated duration of services: 05/02

Next Year: Moody High School _____ Resource Room/Services: <21% _____

Name of Next Year's Instructional Arrangement _____

☒ Yes ☐ No This is the campus which the student would attend if not in special education.
If no, name the student's home campus: _____

☒ Yes ☐ No This is the campus that is as close as possible to the student's home which provides the services the ARD committee has deemed necessary.

Date services are to begin: _____ Anticipated duration of services: _____

☐ Yes ☐ No ☒ Not in Attendance Parent/Guardian agrees with all entries in Section V.

VI. EXTENDED SCHOOL YEAR SERVICES (ESY)

☐ Yes ☒ No Documentation has been submitted and the student is in need of ESY. If yes, attach the ESY SUPPLEMENT, IEP's for ESY and documentation of need.

Services to be provided:

Subject	Amount of Time	Related Services

Transportation: ☐ Yes ☒ No

☐ Yes ☒ No ☐ Not in Attendance Parent/Guardian agrees with all entries in Section VI.

VII. GRADUATION (High School of Student Only):

The student is expected to graduate in: 2002

☐ Yes ☒ No Graduation Supplement with Transition Statement is attached.

☐ Yes ☐ No ☒ Not in Attendance Parent/Guardian agrees with all entries in Section VII.

8/3/01

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**Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting**

6

JOHN H. RAMIREZ

IV. LEAST RESTRICTIVE ENVIRONMENT SUPPLEMENT

- A. Evidence that removal of students with disabilities from the general educational environment/campus occurs only when the nature and severity of the disability is such that education in regular education classes/campus with the use of supplementary aids and services cannot be achieved satisfactorily based on the following:

-JOHN is receiving all services in the general education classroom.

Supplementary aids and services previously provided to the student include:

- | | |
|---|--|
| <input type="checkbox"/> Title I/Compensatory education | <input type="checkbox"/> Adaptive equipment |
| <input type="checkbox"/> School health Services | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Bilingual classes | <input checked="" type="checkbox"/> Modifications in regular education |
| <input type="checkbox"/> ESL | <input type="checkbox"/> Speech Modeling |
| <input checked="" type="checkbox"/> Tutorials | <input type="checkbox"/> Other 1: _____ |
| <input type="checkbox"/> Pre-school | <input type="checkbox"/> Other 2: _____ |

- B. In selecting the least restrictive environment, the following considerations were given to any potential harmful effects on the student and the quality of services he or she needs.

- | | |
|--|---|
| <input type="checkbox"/> Increased student frustration/stress | <input type="checkbox"/> Increased mobility problems in a large school setting |
| <input type="checkbox"/> decreased student self esteem/worth | <input type="checkbox"/> Increased safety concerns caused by physical aspects |
| <input type="checkbox"/> Increased difficulty with distractions of regular environment | <input type="checkbox"/> Increased safety concerns caused by student adaptive equipment |
| <input checked="" type="checkbox"/> large student/teacher ratio vs. increased need for attention | <input type="checkbox"/> lack of emotional control harmful to others |
| <input checked="" type="checkbox"/> excessive time required to master objectives | <input type="checkbox"/> lack of social skill causes harm |
| <input checked="" type="checkbox"/> Increased difficulty completing tasks | <input type="checkbox"/> wide difference in development levels causes isolation |
| <input type="checkbox"/> Increased difficulty controlling behavior | <input type="checkbox"/> lack of specialized setting required for related service |
| <input type="checkbox"/> other students distracted by related service | <input type="checkbox"/> Other: _____ |

- C. Opportunities for this student to participate in all nonacademic and extracurricular activities available to students without disabilities to the maximum extent appropriate for the individual student.

Nonacademic

- ☒ lunch
☐ recess
☒ counseling services, including emergency
☒ transportation
☒ health services
☒ recreational services
☒ assemblies
☐ others: _____

Extracurricular

- ☒ athletics
☒ clubs
☒ band
☒ choral groups
☐ not applicable
☒ other school sponsored activities
☐ others: _____

If any of the above items are NOT checked, document the ARD/IEP committee's decision to exclude this student from the opportunity to participate:

- D. ☒ Yes ☐ No

This student is being educated with regular education students to the maximum extent appropriate to the needs of the student and is unable to benefit from education with regular education students to any greater extent.

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**Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting**

6b

JOHN H. RAMIREZ

E. Removal from General Education Campus

- ☐ Services and/or therapies in the student's IEP cannot be provided on a general education campus.
- ☐ The behavior management plan contained in the student's IEP cannot be implemented on a general education campus.
- ☐ The student's behavior is so dangerous that it cannot be controlled without intense supervision and a closed environment.
- ☐ The student had a previously unsuccessful placement on a general education campus. If selected, list instructional and related service goals and objectives and modification/support services that address returning the student to the general education campus.

☐ Other: _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not in Attendance	Parent/Guardian agrees with all entries in Section VIII.
------------------------------	-----------------------------	---	--

9/5/01

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Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting Deliberations
JOHN H. RAMIREZ

Additional Deliberations of the ARD Committee
Appendix B

Purpose: Annual ARD held to discuss current progress, future goals, and schedule/services for the 2001-02 school year. John has 14.5 credits at this time. John qualifies for special ed. services as an LD/OHI student. J. Hansen reviewed assessment for emotional disturbance (re-eval. 4/27/01). John does not qualify as ED. ARD members were in agreement and no additional testing was requested.

Schedule was developed. John must pass all courses in order to graduate this year. John is currently looking for a job to earn credits through the work program. The work program teacher offered John several volunteer work options, but John stated that he would only work for money. Mr. Adamez stated that John would not graduate if he did not start a job soon and earn credits in the work program. TAAS was discussed. John will take TAAS in October, 2001. Current BIP was reviewed and continued for the current school yr.

Recorder: Karen Boyd

Special Ed. Teacher (Res)
Recorder Title

9/5/01

Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting

JOHN H. RAMIREZ

IX. ASSURANCES

The committee assures that special education placement:

- * In as close as possible to the student's home.
- * for national origin minority group students or linguistically different students is not based on criteria which were developed solely on command of the English language

*Basis for assurances:

- ☐ adaptations in testing procedures
- ☒ review of parent/student information
- ☐ use of interpreter
- ☐ review of language assessment

- * is not based on deficiencies identified as directly attributable to a different culture, lifestyle, or lack of educational opportunities.

*Basis for assurances:

- ☒ review of parent/student information
- ☐ review of sociological assessment

*The ARD committee assures that this student is being educated with students his/her age who do not have disabilities to the maximum extent appropriate to his/her overall educational needs (including academic and developmental areas such as language and socialization).

*The committee assures that all instruction and related services specified in the IEP will be provided to the student at no cost. Fees normally charged to students without disabilities or their parents as part of the general education program may be charged (i.e., art or laboratory fees).

NOTE: IF APPROPRIATE, COMPLETE ARD/IEP SUPPLEMENT: OUT-OF-DISTRICT PLACEMENT VERIFICATION OR REFERRAL TO A REGIONAL DAY SCHOOL PROGRAM FOR THE DEAF.

X. SIGNATURES OF COMMITTEE MEMBERS

☒ Yes ☐ No ☐ NA

A transfer of rights notice has been provided to the student and/or parent prior to the age of majority.

Parent ☐ agrees ☐ not in attendance.

☒ disagrees

with required entries in Sections I thru VIII of this document.

Note: Disagrees indicates that "No" was entered, or neither box was checked at the end of one or more of the sections.

Signature	Position	Agree	Disagree
<i>[Signature]</i>	Parent/Adult Student	<input type="checkbox"/>	<input type="checkbox"/>
<i>[Signature]</i>	Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>[Signature]</i>	Instruction	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>[Signature]</i>	Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>[Signature]</i>	Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>[Signature]</i>	Speech Therapist	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>[Signature]</i>	Student	<input checked="" type="checkbox"/>	<input type="checkbox"/>

☒ This IEP has been developed by the members of the ARD committee by mutual agreement.

☐ The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than 10 school days. During the recess the members shall consider alternatives, gather additional data, and/or obtain additional resource persons to enable them to reach mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or others, or if the student has committed an expellable offense. The committee will reconvene on:

☐ The members of this ARD committee have not reached mutual agreement.

2 Statements of the reason mutual agreement has not been reached may be attached.

Date _____ at _____ Location _____ at _____ Time _____

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full explanation of all procedural safeguards is included with this form. Please contact Robert Garcia at (361) 991-3500 if you have any questions or need names of other individuals to assist you in understanding this document or your procedural safeguards.

1 Assessment personnel are required when interpretations of assessment data are being considered.
2 Include documentation concerning the reconvened ARD.

* Address time changes in speech and related services here.

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Student John Ramirez
 The ARD committee has determined that the student's placement will be:

ID# 454-41-3620School Moody H.S.Instructional Arrangement VAC

☒ This placement continues to be in the least restrictive environment (LRE) appropriate for this student as stated in his/her previous ARD committee report.

☐ This placement is in a more restrictive environment than that assigned in the ARD committee report noted above. An LRE supplement form has been completed (attached).

Circle One: TAAS/TBS

☒ Mathematics
☒ Writing
☒ Reading

Take
☐
☐
☐

Exempt
☒
☒
☒

Modifications:

☐ use an interpreter
☐ allow oral response
☐ administer individually

UPDATED TIME	POSITION	SP. ED.	SIGNATURE	AGREE	DISAGREE
Regular education	Parent/Guardian/Surrogate				
Special education <u>360</u>	Parent/Adult Student				
Related/Other Services:	Administration		<u>[Signature]</u>	<input checked="" type="checkbox"/>	
Speech	Instruction				
OT	Instruction (SPEECH)				
PT	Consultant/Chairperson	<input checked="" type="checkbox"/>	<u>[Signature]</u>	<input checked="" type="checkbox"/>	
Counselor	Assessment <u>A</u>				
Health	Counselor				
Auditory	Related Services Rep.				
Vision	Vocational Teacher <u>VAC</u>	<input checked="" type="checkbox"/>	<u>P. Villanueva</u>	<input checked="" type="checkbox"/>	
Music Th.	Certified VH/AH Specialist <u>+</u>				
O&M	LPAC <u>*</u>				
Special Education Transportation (V)					

☒ Total time for speech and all related services
☒ When student is identified as VH/AH
☒ When assessment data are considered
☒ For limited English proficient students
☒ When vocational programs are considered

My signature indicates that I was present at the ARD meeting, participated in the discussion, and understood what was discussed. Information explaining why mutual agreement has not been reached should be noted in the ARD minutes and may be attached by the ARD meeting participants.

☒ The committee mutually agreed to implement the program reflected in these proceedings. OR:

☐ The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than 10 school days. During the recess the members shall consider alternatives and/or gather additional resource persons to enable them to reach mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or others, or if the student has committed an expellable offense. The committee will reconvene on _____ at _____

Place and Time

Date

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full EXPLANATION OF PROCEDURAL SAFEGUARDS has been given to _____ by [Signature]. If you have questions regarding these safeguards, please feel free to call 994-3500.

COMPUTER DATA BY [Signature]

New School Placement		UPDATED DATA	
Previous IA Code <u>41</u>	New IA Code <u>08</u>	New Program Type <u>VAC</u>	

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
 Corpus Christi, Texas

ARD/IEP SPECIAL REVIEW

Note: This form is not to be used for:
 Initial ARD
 Annual Review
 Shortened Day
 A/E/BI Placement
 Reevaluation
 Removal/Expulsion
 Other District Transfer

Purpose of ARD:
 Course Change ☒
 EYS (Only) ☐
 Failure ☐
 PLC ☐

Date of ARD Notification 9/28/01
 Date of Meeting 10/10/01

Student: Ramirez John (Last) (First) (MI) DOB 06/29/84 ID 454-71-3620

Handicapping Condition (1) LD (2) ORT Grade 11 School Moody H.S. # 004

The ARD committee is meeting to modify the ARD committee report dated 9/5/01, and assures that the deliberations of that meeting have been reviewed.

REASON FOR MEETING: Discuss student's schedule

Signature of interpreter if used: _____

ASSESSMENT REPORT(S) FOR RELATED SERVICES: _____

DEVELOPMENT OF THE IEP

- ☒ Present competencies are unchanged.
☐ Present competencies have changed as follows: _____

The ARD committee recommends that the student's IEP should remain unchanged except for the following:

DROP				ADD				NEW SCHEDULE			
COURSE/SERVICE	REG.	TIME*	SP. ED.	COURSE/SERVICE	REG.	TIME*	SP. ED.	COURSE	TIME	SP. ED.	
PE/Health	90	✓		VAC			360	VAC			360
TICP	90	✓									
Eng. 2	90	✓									
US/World/KB	90	✓									
Alg. 2	90	✓									
Computer	90	✓									
TOTAL COURSE				TOTAL COURSE			360				
<u>360/sem.</u>											
								TOTAL			360

* Indicate weekly or other contact time for related/other services

- ☒ New IEPs have been developed for the courses/services added above (attached).
☐ New modifications have been developed for the courses added above (attached).
☐ A Behavior Management Plan has been developed (attached).

* Other ARD committee recommendations: _____

* Address time changes in speech and related services here. _____

Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting

4b)

Date: 3/16/00

JOHN H. RAMIREZ

IV. DETERMINATION OF SERVICES TO BE PROVIDED

Resource Room

A. Justification indicates that the identified placement is in the least restrictive environment and is based on the needs of the student. Alternative placement was discussed.

Year: 2000-1 Semester: fall

Total Day: 480 Inst Time: 330

Start Time: 8:00 End Time: 18:00

SpEd=Special Education; Reg=Regular Education; Rel=Related Services; IA=Instructional Arrangement

Student's placement next year will be at:

Moody High School

Other Setting All Qtrs:

Qtr	Reg	Rel	SpEd	IA
1	409	0	6	03
2	409	0	6	03
3	409	0	6	03
4	409	0	6	03

Subject (Option)	Qtr/ Sem	*Service Provider	*Grade Assigned	Min. Reg. Freq/Period	Min. SpE	Class Modifications Select Up to 10				
Content Mastery	B	SE	SE	-30	30					
				1 time(s) / wk						
Non-Instruct Time	B	RE	RE	55	0					
				1 time(s) / day						
English 2	F	RE	RE	90	0	04	09	10	13	20
				1 time(s) / day		29	30			
IPC	F	RE	RE	90	0	04	09	10	13	22
				1 time(s) / day		29	30			
Algebra 2	F	RE	RE	90	0	04	09	10	13	22
				1 time(s) / day		29	30			
PLFP	B	RE	RE	90	0	30	22	09		
				1 time(s) / day						
Eng. 3	S	RE	RE	90	0	30	29	22	04	13
				1 time(s) / day						
US History	S	RE	RE	90	0	30	29	22	04	13
				1 time(s) / day						
Health/KBWP	S	RE	RE	90	0	30	09	04	22	29
				1 time(s) / day						

Min. Reg. are provided in the regular classroom. Min. SpEd. and/or Min Related Service are provide outside the regular classroom. Special locations for providing services are described as part of the subject, in the Related Service Other column, or in the deliberations.

** Modifications: (*denotes assistive technology)

- | | | | |
|-------------------------------|------------------------------|------------------------------|---|
| 1. Change pace of instruction | 9. Extended time assignments | 17. Interpreter for the deaf | 25. Special instruction/adaptive equipment |
| 2. Oral tests | 10. Shortened assignments | 18. Frequent breaks | 26. Change in TEKS. |
| 3. Short answer tests | 11. Assignment notebooks* | 19. Defined physical space | 27. Change in project report requirements. |
| 4. Modified tests/texts | 12. Study aids/manipulatives | 20. Cooling-off period | 28. Change in tool, equipment/
machinery used in classroom |
| 5. Taped texts* | 13. Repeated review | 21. Concrete reinforcers | 29. Check for understanding |
| 6. Highlighted texts* | 14. Reduce written task | 22. Positive reinforcers | 30. Other 1: Content Mastery |
| 7. Taping lectures* | 15. Calculator* | 23. Behavior management plan | 31. Other 2: |
| 8. Note taking assistance* | 16. Preferential seating | 24. Oral directives | 32. Other 3: |

Additional modifications are listed in the deliberations.

Modifications needed to assure success in regular, remedial, and supportive programs, including eligibility for participation in extracurricular activities, are specified on the Individual Educational Plan.

Parents will be notified of progress by:
-Regular report card

Corpus Christi Independent School District
 Admission, Review and Dismissal (ARD) Meeting
 JOHN H. RAMIREZ

4b cont.

Date: 3/16/00

Related Service	Provider	Min	Freq/ Period	Other	Qtr/ Sem
			time(s) per		

COORDINATION BETWEEN REGULAR AND
 SPECIAL EDUCATION

This person is responsible for monitoring the
 student's performance in regular education:

Regular Education Teacher

Monitoring Frequency: 9 wks.

Monitoring Method: Report cards

Schedule for evaluating progress for
 participation in extracurricular activities will be

☒ 3 weeks ☐ 6 weeks ☐ 9 weeks
☐ Other

In order to receive passing grades in all content areas
 of instruction and to participate in extracurricular
 activities, the expected mastery level as established by
 the district is 70% unless otherwise noted. Exceptions
 for this student, if any, are documented on the IEP

Alternative (non-TAAS)
 Assessments:

*Criterion referenced assessment (TAAS)

	Mathematics	Writing	Reading	Science	Social Studies	<input type="checkbox"/> not offered for this student's grade placement
Will Take	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will Not Take	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Assess.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NA/Passed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not in Attendance						

*TAAS Test Modifications as defined in
 test administration materials.

*Refer to the attached Test Modifications
 for a description of each modification.

Parent/Guardian agrees with all entries in Section IV.

Meeting Date: 12-16-12

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
 Corpus Christi, Texas

Last Assessment: 1-15-12

REEVALUATION BY ARD

Student: John Ramirez

☒ Three-year Reevaluation ☐ Special Request

ID: 454713620 School: MOODY HS Grade: 10 Age: 16 D.O.B.: 6-29-84 Sex: M

Current disabilities: LD / OHI

A. Review of Existing Data

The chart below indicates the areas the ARD Committee has included in its review of existing assessment data and the committee's recommendations for the student's comprehensive assessment.

N= assessment is needed in this area

C= current data is satisfactory/no need to reassess

Sources of Data

• Language/Communication

Dates/Discussion

Recommendation

☐ N ☒ C

adequate
 Physical (Motor/Health) history of ADHD - took meds in past ☐ N ☒ C

Emotional/Behavioral can be moody ☐ N ☒ C
can be disruptive / argumentative w/ authority
may need clearly defined limits - cooling off time
will walk out of class, can be disruptive
 Intellectual/Adaptive Behavior ☐ N ☒ C

1-95 WISC-3FATQ-107
1-98 TONI IQ 110 AV6 to AB AV6 Range

Present Levels of Educational Performance
1-95 WIT-R A 4.5, RI 4.2, WI 3.2, M-6.0 Depend level ☐ N ☒ C
1-98 WRAT-3 R-6, M-8 Eng: drafts
minicolumn, desk setting with conclusion, I.D.
 Sociological has had excessive abs, incomplete assign ☐ N ☒ C

Assistive Technology ☐ N ☒ C
use calc/computer

Additional Information
passed endg course US Hist Spr 99

OFFICE USE ONLY:

Staff ID: _____

☐ No

☐ Yes

(additional assessment IS NOT needed.)

(additional assessment IS needed.)

Date of Next 3 Year Review: _____

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Summary of Data to Determine Specific Disability and/or Services

☐ No Additional Data Needed.

Upon review of current assessment data, the ARD Committee agrees that:

- ☐ The student manifests no disabling conditions and is not eligible to receive (*see below) special education and related services.
- ☐ The student manifests the following disabling condition(s): _____
- ☐ Yes ☐ No The student needs special education and related services which will be determined when the ARD/IEP Committee develops/reviews the IEP and makes recommendations for programming and placement. If NO, the student is not eligible to receive special education and related services. (Conduct a subsequent ARD to address dismissal from special education.)

The following section is to be completed if no additional data are required:

- ☐ Yes ☐ No The district has explained to the parent(s) the reasons for its determination that no additional data are needed to determine whether this student continues to be a student with a disability.
- ☐ Yes ☐ No The district has made the parent(s) aware of their right to request an assessment to determine whether this student continues to be a student with a disability.

☒ Additional Data Needed *

The ARD Committee has determined that additional data are needed to determine whether: A) this student has or continues to have a particular category of disability; B) the present levels of performance and educational needs of the student; and C) if applicable, the nature and scope of special education and related services needed.

Note:

- A student is not eligible for a new disability without formal assessment
- The parent must complete and sign a Consent for Assessment and must also receive a Notice of Assessment prior to starting the comprehensive assessment
- Requests for initial assessment for related services require the school to complete and submit to special education the customary packet of information required for consideration of services. Also, parents are required to provide a physician's prescription prior to services.

ASSURANCES

- ☒ YES ☐ NO The ARD Committee assures that the testing, evaluation materials, and procedures used for the purposes of evaluation were selected and administered so as not to be racially or culturally discriminatory.
- ☒ YES ☐ NO The ARD Committee assures that the tests and other evaluation materials have been validated for the specific purpose of which they were used.
- ☒ YES ☐ NO The ARD Committee assures that the tests and other evaluation materials were administered by trained personnel in conformance with the instructions provided by their producers.

* A FOLLOW-UP ARD MUST BE HELD UPON COMPLETION OF ASSESSMENT.

(* Conduct a subsequent ARD to address dismissal from special education.)

tu PS-2000

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SIGNATURE OF COMMITTEE MEMBERS AND OTHER PARTICIPANTS

SIGNATURE AND TITLE	SP. ED.	POSITION	AGREE	DISAGREE
<i>parent not in attendance</i>		Parent(s)/Adult Student		
<i>[Signature]</i>		Administration	✓	
<i>[Signature]</i>		Instruction	✓	
<i>S. Morgan</i>	✓	Instruction/Speech	✓	
<i>Artificial. Neha Barya</i>	X	Assessment ¹	✓	
OTHER PARTICIPANTS				
		Representative of LPAC ²		
		Consultant/Chairperson		
		Vocational		
		Visual/Auditory		
		Counselor		

My signature indicates that I was present at the ARD meeting, participated in the discussion, and understood what was discussed.

☒ The committee mutually agreed to implement the program reflected in these proceedings. OR:

☐ The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than ten (10) school days. During the recess the members shall consider alternatives and/or gather additional resource persons to enable them to reach a mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or to others, or if the student has committed an expellable offense. The committee will reconvene on _____ at _____.

Date _____ Place and Time _____

Information explaining why mutual agreement has not been reached must be noted in the ARD minutes. Participants may attach statements of agreement, disagreement, or clarification to the ARD minutes.

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. AN EXPLANATION OF RIGHTS AND PROCEDURAL SAFEGUARDS OF A PARENT WITH A CHILD WITH DISABILITIES IN SCHOOL has been given to

parent by *Neha Barya* on *11-2-00*
If you have questions regarding these safeguards, please feel free to call 994-3500.

¹ Assessment personnel are required when assessment issues are included in the ARD committee's deliberations.

² LPAC representative is required at the ARD of any student who is limited English proficient.

³ Include documentation concerning the reconvened ARD committee meeting.

Scanned Jun 18, 2013

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT

Corpus Christi, Texas
Office of Special EducationDate Notified by Phone: 11-13-12Date Mailed/Sent: 11-2-12FOLLOW-UP NOTICE OF ARD COMMITTEE ACTION
WHEN PARENT DOES NOT ATTEND ARD/IEP MEETINGStudent: John Samirez 6-29-84
First Middle Last Date of BirthWe are sorry that you were unable to attend the Admission, Review, and Dismissal/Individual Educational Program (ARD/IEP) meeting on 11-16-12. At the meeting it was determined that the above-named student:☒ Was eligible for special education services. Please read the enclosed ARD/IEP Committee report, which:

- ☐ Outlines the Individual Education Plan and describes the services the student will receive.
- ☐ Reviews current data to determine any need for additional assessment.
- ☒ The ARD committee determined that additional assessment was not needed.
- ☐ The ARD committee determined that additional assessment is needed. Notice of Reevaluation and Consent for Reevaluation are being sent to you on _____. Please complete and return Consent for Reevaluation to _____.

☐ Was not eligible for special education services. Please read the enclosed ARD/IEP Committee report, which indicates why the student was not eligible and the educational program the student will receive.

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in their native language or other mode of communication each time the District proposes or refuses to initiate or change the identification, evaluation, or educational placement of a child or the provision of a free, appropriate public education (FAPE) to a child. A full explanation of all procedural safeguards is included with this form:

Date: _____ To: _____

As legal guardian, I have received and reviewed the ARD/IEP report and committee recommendations. The *Explanation of Rights and Procedural Safeguards Of a Parent with a Child With Disabilities in School* has been given to me and I understand its contents. I further understand that after the special education services have begun, the ARD committee determines change or termination of services.

- ☐ I agree with and grant consent for the proposed special education program.
- ☐ I agree with the review of current data to determine need for additional assessment.
- ☐ I do not agree and request that another ARD/IEP meeting be scheduled at a mutually agreeable time so that I may attend and participate.
- ☐ I understand that the above-named student is not eligible for special education services.

Parent/Guardian/Adult Student Signature _____

Date _____

Comments: _____

If you wish to have more information or if you have questions, please contact the following staff person:

Karen Boyd, Sp. Ed. Chairperson Phone: 854-3261Please keep the original copy and return the copy of this form to: Moody H.S.Address: 1616 Tidjane Dr. 78416Attach the ARD document and the *Explanation of Procedural Safeguards* to this letter and send to the parent when the parent has not attended the ARD.

Original: Parent

Copy: Eligibility folder

Copy: School

Copy: Psychological Services